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ABSTRACT

Good assessment is key to providing effective intervention, and thoughtful interpretation of assessment results is an important part of the intervention. This chapter focuses on the consultant and service recipient in the test interpretation process, including ways to help all participants in this process. In addition, case examples illustrate the salient points of consultation designed to explain the full meaning of test results. (GCP)

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Interpreting the Meaning of Test Results: The Consultant's Role

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Chapter 38
Interpreting the Meaning of Test Results
The Consultant's Role

Donna M. Gibson

Good assessment is key to providing effective intervention, and thoughtful interpretation of assessment results is an important part of the intervention. Unfortunately, those involved in administering and interpreting test results do not generally have this attitude. Often, they consider test interpretation at the last minute of the assessment process, and the receivers of this information come away from the process feeling confused and dazed. Not surprisingly, the interpreter of those results often feels the same.

Considering the importance of accountability in our society, it would seem that the meaning of assessment should have a stronger emphasis. Moreover, counselors, psychologists, teachers, and administrators are called often not only to interpret the meaning of test results, but to extrapolate that meaning into decisions affecting the lives of individuals, couples, and groups of children and adults. Why then has there not been a stronger emphasis on test interpretation?

One answer is that the focus of assessment consultation has been on the statistical meaning of test results; however, people on the receiving end of such a consultation can verify that the statistical meaning is only a small portion of the true meaning of the results. The recipients of the consultation determine the true meaning of the results. Therefore, this consultation process should include a plan on how to assess the needs of the service recipient during the meeting.

This chapter focuses on the consultant and service recipient in the test interpretation process, including ways to help all participants in this process. In addition, case examples illustrate the salient points of consultation designed to explain the full meaning of test results.

Consultation Process

Why call the test interpretation process a consultation process?

Why not call it simply a meeting where test results are provided to the interested parties? Too simplistic, yes, but do we make this process seem too complex by calling it a formal consultation? Not necessarily. When the consultant perceives test interpretation as a consultation process, it encourages him or her to prepare for addressing the many dimensions and questions that arise during this process. The consultant's actions and demeanor communicate to the service recipient or clients receiving the results the importance of this consultation.

According to Dougherty (1995), there are four stages of consultation: entry, diagnosis, implementation, and disengagement. Because many of these stages are completed in a limited period of time, it may be difficult to conceptualize all the steps in this process and how they contribute to test interpretation.

Several steps can take place during the entry stage of consultation, but the focus should be on exploring the needs of the organization (Dougherty, 1995). Counselors, psychologists, teachers, and administrators usually take this for granted. School counselors and psychologists, who are designated as the professionals that provide test interpretation, understand that they are part of the school system organization and have obligations to multiple clients: not only the administration but also teachers, students, and parents. Hence, unlike in some other settings, these consultants are part of the organization and often have a full understanding of the concerns regarding the assessment recipient. Additionally, when the consultants are also helping professionals, they have to identify with whom they will be consulting during the process. For example, in a school setting, the direct service recipient may be the student, but school administrators, teachers, other helping professionals, and parents or guardians are the primary recipients of the consultation.

The second stage of consultation, diagnosis, consists of gathering information, defining the problem, setting goals, and generating possible interventions (Dougherty, 1995). When the consultant is also a helping professional, this stage is particularly important because it begins when collecting assessment information but continues not only throughout the meeting where the test results are reported but also into the intervention process. This stage involves defining the problem and gathering information during face-to-face contacts with the service recipient and possibly others. Due to time constraints, much of this takes place during the meeting where test results are given. Consider the following scenario:

> Ms. Daniels, the school counselor, met with a fourth-grade student's mother to discuss the student's test results. During the meeting, the mother reported that her husband had recently been diagnosed with cancer and couldn't work. She also reported that she and her husband were very concerned about their daughter's academic work.

Through this meeting Ms. Daniels not only learned new information about the family, but also assessed some of the mother's anxiety and possibly the student's. She discovered that the student's problem may not be purely academic but may also be related to anxiety about the father's illness and nonworking status.

Depending upon the information gathered during this stage, the consultant may need to modify his or her initial plans regarding presentation of test results, recommended interventions, and goal setting for the consultation meeting. For example, the goal may change from focusing on the test results to addressing the service recipient and family's immediate concerns (in this case, the mother's and student's anxiety).

The third stage is implementation of the intervention, which means that the interventions need to have been selected and procedures for implementation and evaluation determined. Therefore, the consultant needs to formulate recommendations about possible interventions after reviewing the test results and before the consultation meeting. The crucial step in this phase of consultation is to co-create the interventions with the service recipient, which is similar to how counselors normally work with their clients throughout the counseling process. In some settings, however, the service recipient may not be involved with the test interpretation due to age, maturity, or developmental level; the setting also often dictates who is involved in the consultation. Within school systems, for example, students below a certain grade are not involved.

The purpose of co-creating interventions is for all the co-creators to "buy in" to the intervention and hold partial responsibility for implementing it. The effort and personal investment that all parties make in the intervention ensures an emotional investment in the welfare of the service recipient. Working as a team, the consultant and service recipient do not want to fail, and they do not want to fail the other stakeholders in the intervention. Monitoring the intervention requires that the intervention team also co-create steps for evaluation and assign each person responsibilities for specific components of the evaluation.

The fourth and final step is disengagement from the consultation process, during which the consultant self-evaluates the consultation process. The consultant could ask himself or herself: Did I present the information clearly? Did we (consultant, service recipient, and other clients) clearly identify the problem? Did we address the problem? Did we identify and acknowledge emotions? Did the service recipient or clients appear confused by the information I provided? Did I provide appropriate written material? Did we establish appropriate intervention plans and steps for implementation? Is it clear who has responsibility for implementation and evaluation? Were any questions left unanswered?

After answering these questions, the consultant determines which ones need follow-up. If any questions were left unanswered, it is not too late to answer them. It is also not too late to modify or eliminate interventions if necessary. Furthermore, if the consultant will not have the role of monitoring the interventions, he or she may need to refer this activity to another professional.

The exact nature of the stages in the consultation process depend on the people involved and what the consultant's role is. The experiences and emotions of the service recipient, his or her family, and the helping professionals involved often affect the meaning of the results.

Recipients of Test Interpretation

After conceptualizing test interpretation as consultation, the consultant must consider the recipients of the information. First there are developmental issues to consider (Lyman, 1998). What is the developmental level of the service recipient? How will this person (and other key recipients) react intellectually? Second, there are power issues. How much power will the service recipient have in helping co-create, implement, and evaluate interventions? Will he or she need to enlist others to help? Third, there are emotional considerations. How do the service recipient and other clients feel about the testing process? How will they react emotionally to this information? How will they integrate this information into their lives? The consultant needs to consider all these issues in some form during the process of test interpretation, but they present themselves differently depending upon who the service recipient and clients are. Consequently, the consultant needs to handle them differently depending on the setting and situation.

Client and Consultation Recipient Are the Same Person

When the consultation recipient is the actual client or student who took the tests, the consultant needs to consider this person's needs when reviewing test results. Depending upon the client's level of understanding, it may not be important to present detailed information about psychometric properties of the test, but the consultant is still responsible for reviewing this information prior to meeting with the client. Reviewing and understanding the test results are essential components of preparation for test interpretation (Hood and Johnson, 1997). The client, however, may be more interested in knowing what the test results will mean for him or her in the future or, conversely, in knowing details of the psychometric properties rather than how the results may affect his or her life. Consider the following case example:

> Denise, a 21-year-old college senior, had majored in business administration with an emphasis in marketing. During the fall semester of her senior year, Denise volunteered to take a battery of five career inventories. Up until the fourth session, Denise had appeared very interested in the results and had asked many questions about the statistical meaning of the scores. The fourth inventory assessed her values. As she and the counselor explored her values and how they affected her career decisions, Denise revealed that her values were not consistent with her business administration major. At the beginning of the next session, Denise asked to discuss the values inventory further instead of moving on to the scheduled inventory. After much discussion, the counselor realized that Denise was feeling very anxious about the meaning of these results. The counselor verified this with Denise, who confirmed that she felt trapped in her major, being close to graduation, and feared disappointing her parents if she changed her major or career path.

This case illustrates the necessity of the consultant following the service recipient's lead in test interpretation when that person is also the client. Denise was primarily interested in the statistical meaning of the inventories until another meaning presented itself during the discussion of her values. This deeper meaning was accompanied by feelings of anxiety, which the counselor needed to address, putting interpretation of the fifth inventory on hold in the meantime. This change

of plans shows respect for Denise and allows her to regroup emotionally so she can co-create interventions for her future.

The Client's Parent or Guardian Is the Consultation Recipient

When a parent or guardian is the primary audience of the consultation, it is always advantageous for the consultant to contact that person prior to the test interpretation meeting. This contact allows the consultant to assess the parent or guardian's developmental level, goals, and possible expectations for the test results, and hence to anticipate the individual's likely emotional and intellectual reactions to the results. Additionally, the consultant can begin to assess the power level of the parent or guardian and how helpful he or she will be in co-creating and implementing interventions.

The consultant may find it useful to develop hypotheses about the parent's or guardian's reaction to the results. These hypotheses allow the consultant to plan an outline for the meeting, prepare answers to anticipated questions, and provide written materials appropriate to the issues of concern.

Emotional considerations often outweigh intellectual considerations when parents are the primary recipient of the consultation. These parents are often feeling anxious about their child's health or performance, so empathizing with the parent's feelings regarding the testing process and test interpretation meeting is particularly important. Acknowledging these feelings may help parents to hear and understand the test results. The statistical results of the test are only a small portion of the meaning for parents. The results may force parents to modify or relinquish the hopes and dreams they have had for their child up to that point. Consider the following case example:

> Anthony, a three-year-old, recently received a multidisciplinary evaluation. The psychologist on the team scheduled a time to meet with Anthony's parents to discuss the evaluation results. Because Anthony's parents had been present throughout the evaluation, the psychologist was able to gauge their anxiety about Anthony's behavior and inability to talk. During the evaluation and the test interpretation meeting, Anthony's parents acknowledged that his behavior was not normal, but Anthony was their first child and they had no prior experience with other children his age. The psychologist knew that Anthony had received a diagnosis of severe autism, and she was prepared

> for the parents to feel confused, defensive, and angry on hearing this diagnosis. After discussing the scores and giving the diagnosis to Anthony's parents, she asked how they felt about the information. Surprisingly, they reported feeling relieved finally to know what is wrong and that there were interventions that could help their son. The information had given them hope.

Preparing only for the worst-case reactions does not allow the consultant to prepare for the positive surprises that may occur during consultation with parents. In this case, the parents' dream of a normal child had already faded and left a void until the diagnosis of autism was made. With a firm diagnosis, these parents were mentally available to co-create and implement highly effective interventions for their son. Had the psychologist focused only on preparing to support the parents' emotional response to the diagnosis, she would not have prepared adequately to move forward to intervention planning.

Teachers and Other Professionals Are the Consultation Recipients

When teachers are the consultation recipients, the consultant generally must address two issues: clarifying the problem and responding to the teacher's emotions. Clarifying the problem usually occurs throughout the consultation process after test results have shown that the student has a behavioral or academic problem. However, this process also involves obtaining the teacher's perspective on the issue, including the nature of the relationship between the student and the teacher. The consultant should consider the following questions: Is the student's problem related strictly to factors within the student—such as a learning disability or attention deficit/hyperactivity disorder—or are these internal factors interacting with the teacher-student relationship to exacerbate the problem? Does this teacher view this student positively or negatively? The consultant can collect this information by asking specific questions about the teacher's view of the student and how he or she feels about the student's academic or emotional behavior.

The second issue to address involves the emotions the teacher brings to this process, that is, the feelings that are centered on the teacher not on the student. Much like parents, teachers may feel a good deal of responsibility for the student's progress. If the student is not progressing, the teacher may feel that he or she is failing the student as a teacher and as a responsible adult. The same may be true of other professionals working with a student or other client. These individuals have been

given a responsibility for helping and teaching that student or client, but that help has not allowed the person to be successful. Thus, the teachers or other professionals may feel anxious or insecure about their performance, feeling that they have failed not only the student or client but themselves. The consultant needs to assess these feelings and acknowledge them in an appropriate way for the intervention process to proceed effectively. Consider the following case example:

> Ms. Parker, a third-grade teacher, met with the school counselor regarding the test results of her student, Mark. Mark had a troubled past, with a history of sexual abuse, attention deficit/hyperactivity disorder, and learning problems. The test results indicated that Mark had a severe learning disability in reading and written language. The counselor recommended that Mark receive special education but stay in Ms. Parker's class for nonacademic subjects. Ms. Parker strongly objected to this arrangement, becoming extremely agitated in asserting that Mark should remain in a special education class for the entire day. In attempting to calm her, the school counselor observed that this was Ms. Parker's second year of teaching since graduating from college. Ms. Parker acknowledged this and remarked that she was still learning about teaching and may not be the best person to help Mark. The counselor affirmed that Ms. Parker is a dedicated teacher and offered to support her in implementing classroom interventions.

In this case, Ms. Parker's agitation appeared to be linked to her anxiety about being a new teacher and possibly failing this student. To alleviate Ms. Parker's apprehension, the school counselor encouraged her to participate in co-creating interventions during the consultation and followed up by providing a lot of support during implementation. The school counselor, acting as consultant in this case, continued meeting with Ms. Parker to monitor the interventions and assist with necessary modifications as well as to assess her confidence level.

Unfortunately, clients, parents, teachers, and other professionals may show anxiety and apprehension during the test consultation in a variety of ways, including agitation, defensiveness, anger, or sadness (Lyman, 1998). It is crucial that the consultant act on these emotions rather than reacting to them. The consultant is responsible for uncovering the true meaning of those emotions in order to help both the consultation and service recipients appropriately.

Conclusion

During test interpretation, the consultant plays a vital role in providing appropriate and lasting help to the service recipients and clients in this process. As a school psychologist and counselor, I engaged in this role frequently with students, teachers, parents, school administrators, and other helping professionals. Consequently, I realized that test results were not the magical ingredients in those meetings. The magic was within the people I consulted with as well as in helping myself and them understand the true meaning of the results for their lives. For consultants, finding and working with this meaning is the true challenge.

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